

**CHARLES M. BAIR
FAMILY TRUST**

U. S. Bank, N. A., Trustee
303 North Broadway
P O Box 30678
Billings, MT 59115
(406)-657-8139

GRANT APPLICATION

Name of Your Organization _____
Your Qualified Taxpayer ID _____ Email Address _____
Address _____
City _____ State _____ Zip Code _____
Contact Person's Name _____ Phone Number _____
Contact Person's Title _____

TYPE OF ORGANIZATION

501(c)(3) Organization (not a Private Foundation) Government Entity

*For all types, please include your organization's IRS determination letter with your application.

PROJECT CATEGORY

Educational Institution Hospitals or Organization Providing Health Related Services Cultural Organization
 Civic Service Organization Human Service Organization

Project Title and Brief Description _____

County of IRS determination letter _____

Client Group To Be Served _____ Size of Group _____

Type of Request: Capital Operating Support Special Project

Anticipated Project Period _____ to _____

Total Project Cost \$ _____ Total Prior Grant Awards from Trust \$ _____

Amount Requested from the Charles M. Bair Family Trust \$ _____

Amount & Source of Pledge/Commitments to Date \$ _____

Other Funding Sources (and Amounts) that Applicant has sought for this Project: _____

Signature _____ Date _____

Your application must include the following information:

- Proposed project summary
- IRS letter of determination (see guidelines for exceptions)
- Form 990 or 99EZ
- Current operating budget and balance sheet

Incomplete applications will be returned. Please review the application guidelines carefully.